

Rev. 11/3/2010

Commonwealth of Kentucky Public Service Commission

PUBLIC SERVICE COMMISSION
ANNUAL REPORTS

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

MAY 21 2018

RECEIVED

Complete Name of Telephone Utility: Jacobs Communications Group, LLC

Physical Address of Principal Office: Street: 2 John Walsh Blvd., Suite 201

City: Peekskill State: NY Zip: 10566

Primary Contact: Name: Mark Lammert Title: Tax Preparer for the Company

Phone: 407-260-1011 Fax: 407-260-1033

E-Mail: mark@csilongwood.com

Person Responsible for Answering Consumer Complaints: Name: Suzanne Jacobs Title: Secretary

Address (if different from above)

Street: Same as above

City: _____ State: _____ Zip: _____

Phone: 888-878-0040 Fax: _____

In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Thomas Jacobs, on behalf of Jacobs Communications Group, LLC do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 14th day of May, 2018.

UTILITY: _____

BY: _____

Thomas Jacobs

STATE OF New York
COUNTY OF Westchester

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 14th day of May, 2018.

① MP

NOTARY PUBLIC

My Commission Expires: 07/18/2020

MIRO-A-PASCAL
NOTARY PUBLIC STATE OF NEW YORK
WESTCHESTER COUNTY
LIC # 01PA6345119
COMM EXP. JUL 18 2020

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5/21/2018

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